OECD Health Data 2009 – comparing health statistics across OECD countries

The number of doctors per capita increased 2% per year on average across OECD countries between 1990 and 2007, but in some countries the trend is reversing.

Some OECD countries hiring more foreign-trained doctors

The number of doctors per capita in Italy has been falling since 2003, but is still above average. In France, the number of doctors per capita started falling in 2006 after a long upward trend. In both countries, the drops are due to fewer medical school graduates.

Though France has recently increased the intake of medical students, the long training period means the number of doctors per capita will continue to decline in the coming decade. There are fewer medical graduates too in Japan and Switzerland, while in Canada and the U.S. graduate rates are increasing but are still low.

Responding to demand for more doctors, the percentage of foreign-trained physicians has increased in many OECD countries. It nearly doubled in Switzerland and Sweden and tripled in Ireland and Finland between 2000 and 2007. In the U.S. and the U.K., about half the increase in the number of doctors was through international recruitment.

General Practitioners underpaid compared to specialists

Medical specialists earn more than general practitioners (GPs) in all OECD countries, with the gap widening in Australia, Finland, France and Hungary since 2000. The U.K. has increased doctors’ pay in the last ten years and GPs now make almost as much as specialists.

Though generalist primary care is a cost-effective way to promote good health, the number of specialists rose by 60% between 1990 and 2007, compared with a 23% increase in GPs. On average, there are now two specialists for every GP, and that number is even higher in Central and Eastern Europe and in Greece. Some countries have maintained a better balance between specialists and generalists (Australia, Belgium, Canada, France, New Zealand and Portugal), but that’s changing as the majority of medical students now choose to specialise.
These are some of the findings from OECD Health Data 2009, the most comprehensive source of comparable statistics on health and health systems across the 30 OECD countries. Covering the period 1960 to 2007, this interactive database can be used for comparative analyses on:

- Health status
- Risk factors to health (including smoking and obesity)
- Health care resources and utilisation (including the supply and activities of doctors)
- Long-term care resources and utilisation
- Health expenditure and its financing
- Social protection (including public health coverage and private health insurance)
- Pharmaceutical markets

For further information about the content of the database, please contact Mark Pearson (tel. 33 1 45 24 92 69) or Gaétan Lafontune (tel. 33 1 45 24 92 67) in the OECD Health Division.

For more information, please go to the OECD Health Data 2009 website at http://www.oecd.org/health/healthdata.

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Chart 7. General practitioners and specialists in OECD countries, 2007

Note: Some countries are unable to report all their practising doctors in these two categories of GPs and specialists.
Chart 8. Remuneration of general practitioners and specialists, ratio to GDP per capita

1. Data include practice expenses, resulting in an over-estimation.
2. Data on salaried doctors relate only to public sector employees who tend to receive lower remuneration than those working in the private sector.

Chart 9. Growth in remuneration of general practitioners and specialists, 1997 to 2007

Average annual growth rate (%, in real terms)